PTO/SE/06 (08-03)
Approved for use through 7/3 1/2004, OMB 0851-0032
U.S. Petent and Trademark Office; U.S. DEPART MENT OF COMMERCE
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Octor Mumber 10/109366		
CLAIMS AS FILED - PART I (Column 1) (Column 2)			Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER		EUN OI	NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE (37 OFR 1.16(a))			<u></u> -		1	OR		
YOTAL CLAIMS OF CFR 1.18(c))	26 1100	crissus 20 =		X.5		OR	×3	
DIOSPENDENT CLAIMS) minus 3		3: -		× .		OR	**	
		(07 CFR 1.16(0)		1		CR		
*If the difference in column 1 is tess than zero, enter 'V' in column 2.				TOTAL	•	CR	TOTAL	
	TOTAL		CR	TOTAL				
CLAIMS AS AMENDED - PART I		D – PART II (Column 2)	(Column 3)	SMALL	ENTITY	O R	OTHER SMALL	
< RE	CLAHAS MADENG AFTER ENDMENT	HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total 'c	18 Minus			x s=		OR	X 8	
Total AM Total Car Car Language Note pendent profes Language Note pendent profes Language Note pendent profes Language Note Language Not	3 Minus	-7	•-	X \$ •		OR	X 8	
FIRST PRESENTATION OF MULTIPLE DEPONDON CLASM D7 CFR (.1940)						OR	+1	
				TOTAL		OR I	TOTAL ADDL FEE	**********
5.4.05 00	ADDIL FEE		Ģ.	voortee [
.0	AAIMS	(Column 2)	[Cotumn 3)			ſ		4001
	MAINING UPTER NOMENT	MURISER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL PEE		RATE	ADOI- TIDNAL FEE
S a cus ristos	8 : Minus	26	•	x 3		OR	× 2	
CA case fration (3. Minus	7		X 8	·	OR	×4	۳.
FREST PRESENTATION OF MILETIPLE DEPONDENT CLAIM (37 CFR 1.16(4))				••		OR	+•	
Slack 1 58.72, 73,				TOTAL ADO'L FEE	َ لِبِ	OR	ADD'L FEE	
	mn 1)	(Cotumn 2)	(Column 3)				•	
O REI	LAIMS LAIMING FTER NOVENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOL TIONAL . FEE		RATE	ADDI- TIONAL FEE
Total (From Lines) Total (From Lines) Total (From Lines)	/ Minus	26	- 8	x 8	∇Z	or [x e = .	
C proper riend	3 Minus	7	= /	x's	V	OR	x s	
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1, N(d))					Λ	OR	+ 5	. 1
TOTAL ADDITEE							YOTAL ADD'L FEE	
* 6 the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".								

"If the "Highest Number Proviously Prof For Br TMS SPACE is tests than 1, enter 3".

The "Highest Number Proviously Prof For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to I/o (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including esthering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.